

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/19/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>445190</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/18/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>CAMBRIDGE HOUSE, THE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>250 BELLEBROOK RD BRISTOL, TN 37620</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS  Complaint investigation #TN- 27746 was completed during the recertification survey conducted on May 18, 2011, at The Cambridge House. No deficiencies were cited related to the complaint under CFR PART 483.13, Requirements for Long Term Care.	F 000			
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS  The services provided or arranged by the facility must meet professional standards of quality.  This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to follow a Physician's Order for Ensure (dietary supplement) for one resident #25 of twenty-five residents reviewed.  The findings included:  Resident #25 was admitted to the facility on May 11, 2011, with diagnoses including Hip Fracture, Hypertension, and Atrial Fibrillation.  Medical record review of the Physician hospital transfer orders dated May 5, 2011, revealed "...Ensure...once a day..."  Interview with the west wing Registered Nurse (RN) Supervisor and the Dietary Supervisor in the	F 281	1. Order for Ensure for resident #25 was confirmed with dietary at time error was found.  2. All Dietary orders were reviewed to ensure any ordered supplements were being served to appropriate residents.  3. A copy of all Dietary orders, including supplements, will be provided to Dietary Manager at the time they are written/received, effective 5/17/11 and on-going.  4. Weekly audits by DON/designee will be conducted to ensure dietary compliance with supplement orders. audits will be reported to regular QA&A X3 for one quarter.		5/17/11  5/20/11  5/17/11  5/17/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Deanne Rich*

*Administrator*

5/27/11

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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FORM CMS-2567(02-99) Previous Versions Obsolete

Facility ID: TN8206

If continuation sheet Page 2 of 5

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F 371	Continued From page 2 line.  Continued observation with Dietary Aide #1 revealed two small buckets without lids, filled with multiquat (sanitizing solution) were stored next to the cooking oil.  Interview with the Dietary Aide #1 at time of observation confirmed the sanitizing solution was stored next to the cooking oil.  Observation of the lunch tray line on May 17, 2011, at 11:23 a.m., in the kitchen, with the Dietary Supervisor, revealed Dietary Aide #2 working the food serving tray line with an unprotected beard. Observation also revealed Dietary Aide #1 working in the area around the food with an unprotected beard.  Interview with the Dietary Supervisor on May 17, 2011, at 11:25 a.m., in the Dietary Department, confirmed the male staff had no protection on the beards, verified staff are to wear protection on the beards, and food products are not to be stored with hazardous sanitizing solutions.	F 371	4. Inspection audits will be held regularly by the dietary Manager, the dietician, or designee for one quarter to ensure that materials are stored properly and that employees wear appropriate protective coverings. Audits will be submitted to the regular QA&A meeting x3 months.	5/18/11	
F 514 SS=D	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIB LE  The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.  The clinical record must contain sufficient	F 514			

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F 514	<p>Continued From page 3</p> <p>information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview the facility failed to complete an accurate clinical record for one (# 25) of twenty-five residents reviewed.</p> <p>The findings included:</p> <p>Medical record review revealed resident #25 was admitted to the facility on May 11, 2011, with diagnoses including Hip Fracture, Hypertension, and Atrial Fibrillation.</p> <p>Medical record review of a medication administration record (MAR) dated May 2011, revealed documentation of Ensure (dietary supplement) initialized as given by charge nurse's May 12, 2011 through May 16, 2011.</p> <p>Interview with the west wing Registered Nurse (RN) supervisor and Licensed Practical Nurse (LPN) #1 on the 100 hall on May 17, 2011, at 8:32 a.m., confirmed that MAR was incorrect for the Ensure.</p> <p>Interview with the west wing Registered Nurse (RN) supervisor and the Dietary assistant manager in the kitchen on May 17, 2011, at 8:34 a.m., confirmed that dietary supplements are prepared in the kitchen. Continued interview at</p>	F 514	<ol style="list-style-type: none"> <li>1. The MAR belonging to Resident #25 was immediately corrected when error was found.</li> <li>2. All dietary orders and MARS were reviewed to ensure any ordered supplements were documented correctly.</li> <li>3. Education with licensed nursing personnel will be conducted regarding documentation accuracy.</li> <li>4. Weekly audits by DON/designee regarding documentation accuracy will be conducted. Audits will be submitted and reviewed at the regular QA&amp;A meeting X3 for one quarter.</li> </ol>	<p>5/17/11</p> <p>5/20/11</p> <p>6/8/11</p> <p>6/8/11</p>	

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F 514	Continued From page 4 this time confirmed that resident #25 had not received Ensure from the kitchen.	F 514			

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